NC DIVISION MH/DD/SAS
CAP- I/DD REVIEW TOOL GUIDELINES
2012

Q1 – Service Authorization:

Review the provider's authorization from the UR vendor, check for service authorization that covers the date of service being reviewed and ensure that it reflects the correct service.

Rating:

- If authorization is present, mark Q1 = "1".
- If no authorization, rate Q1 = "0".

Dates: FROM is the first date when there was no valid authorization, or 7/1/11; TO is the last date there was no valid authorization or the date of the audit, if there is still no authorization.

Q2 – Provider Enrollment:

Request to see the letter from DMA that indicates the provider agency is enrolled in Medicaid to **deliver the specific service for which they have been paid.** The service must be listed in the letter to rate the question "1".

Rating:

- If the letter is present and accurately reflects the service, the rating is "1".
- If no letter is present or the service is not listed in the letter the rating is "0".

Dates: FROM is the first date when there was no provider enrollment for the specific service, or 7/1/11; TO is the day before the letter verifying enrollment or the audit if there is no letter.

Q3 – Service Plan is Current:

- Initial plan and annual PCP must be signed by the legally responsible person or person receiving services if over 18 and not adjudicated incompetent. Initial plan and annual PCP must also be signed by the case manager (if CM is not a QP then a QP must also sign).
- Service Order is the PCP signed by the appropriate professional. For the initial PCP the signature must by an M.D. For CNR's (PCP) the QP may sign.
- Signatures must be in place on or before the date of service.
- Plans must be completed annually by the end of the individual's birthday month. The plan is effective the first day of the month following the birth month.
- Plans that have been reviewed and/or revised must have signatures of those listed above.
  Target dates must be reviewed and revised if the outcome/goal/objective is continued after the projected date of accomplishment.
- Target dates may not exceed 12 months.

Rating:

- If the PCP meets all requirements, the rating is "1".
- If the PCP does not meet all requirements, the rating is "0".

Dates: FROM is the first date the PCP is not valid (no further back than 7/1/11); TO is the date a valid PCP went into effect, or the date of the audit.

Q4 – Service Note Relates to Goals:

- Service note reflects purpose of the intervention.
- Service note/documentation corresponds to an outcome on the PCP. Goals may be re-written, verbatim, paraphrased, or written by #.
- The goal cannot be expired or overdue for a review.

Rating:

- 1 = interventions documented in the service note relate to goals listed in the PCP.
- 0 = none of the interventions documented in the service note relate to goals listed in the PCP or there is no purpose listed.

If there is no service documentation for the date being audited, mark this question "6" = no service note". Also mark "6" for Q's 5, 6, 7 and 8.

Q5 – Documentation Reflects Interventions/Treatment for the Duration of Service:

- Service note reflects intervention:
  - The intervention relates back to the stated purpose in the service note.
  - If the intervention relates to a goal in the plan but it isn't the stated goal on the note, do not call out of compliance, but make a clear comment in the comment section.
- Determine that the documentation provided for a specific date of service adequately represents the number of units paid.

Rating:

- 1 = the note reflects treatment for the duration paid.
- 0 = the note reflects treatment for less than half of the duration paid or there is no intervention documented.

Q6 – Documentation Reflects Assessment of Progress towards goals:

Assessment of person's progress toward goals/effectiveness for the individual (how did it turn out for the individual; how did the individual respond to the intervention?).

Rating:

- 1 = there is an indication of the assessment of the intervention.
- 0 = there is no indication of the assessment of the intervention.

Q7 – Documentation is Initialed & Signed:

- The service provider is to initial for each day he/she provides service to the individual.
- Each provider must fill out the information on the back of the grid – print name, full signature, including position (paraprofessionals) or credentials (professional) and initials. (The position/credentials do not have to be handwritten, but they have to be there).
- The initials on the back of the form need to match with those on the front to determine that the provider signed the service note.

Rating:

- 1 = initials and full signature is evident.
- 0 = no initials and/or signatures.

Q8 – Units Paid Match the Duration of Service:

- Duration of service for periodic services must be documented.
- Units paid and duration must be an exact match, however, if fewer units are billed than are documented, do not call this out of compliance.

Rating:

- 1 = units paid are equal to or less than units documented.
- 0 = units paid are greater than units documented.

Q9 – Qualifications and Training:

- Review personnel record of staff that provided the service.
- For QPs, verify both education and experience, per Core Rules requirements.
- Review education and training documentation for each item listed on the Qualifications Checklist.
- All providers of CAP-MR/DD services must be a QP or AP or staff with at least a HS diploma or GED supervised by a QP.
- All staff must be deemed qualified to provide the service on or before the date of service.

- Paraprofessional and professional staff must meet the educational requirements per individual CAP-MR/DD services.
- If the Service Note/Log is not signed or missing, Q9 is rated "7".

Rating:
- 1 = all staff reviewed met qualification and training requirements.
- 0 = one or more staff reviewed did not meet qualification and training requirements.

Dates: FROM is the first date any staff reviewed did not meet the qualification and training requirements (no further back than 7/1/11); TO is the date all staff reviewed met the qualification and training requirements or the audit date.

Q10 – Supervision Plans:

- Individualized supervision plans are required for **paraprofessionals and associate professionals.**
- Review each supervision plan to determine frequency/duration of required supervision. Supervision plans must be implemented as written. Review documentation of supervision against the **supervision** plan requirements.
- **An agency policy on supervision, even if it includes frequency/duration of supervision may not be accepted in lieu of an individual supervision plan.**
- If the Service Note/Log is not signed or missing, Q10 is rated "7".

Rating:
- 1 = all paraprofessionals and associate professionals staff have a supervision plan that was implemented as per the plan.
- 0 = one or more paraprofessional and/or associate professional staff did not have a supervision plan that was implemented as per the plan.

Dates:
- If there is no supervision plan, the FROM date is the date of hire or 7/1/11, whichever is latest.
- If the supervision plan is not implemented as written, **enter the dates of non-compliance,** for example:
- Supervision plan calls for 1/month supervision. Event date is March 12. Enter FROM: August 1 TO: August 31, 2011.
- Supervision plan calls for 1/week supervision. Event date is August 12. Ask what the work week is (i.e., Monday-Sunday). Look up corresponding dates for the week and enter.
- Both Q11a and Q11b must be rated "4" to have an overall rating for Q10 = 4.
- If either 10a or 10b are rated a "0", the overall rating is a "0".

Q11 – Criminal Record Checks:

- **All providers of CAP-MR/DD services must have a criminal background check prior to service delivery.** If the Service Note/Log is not signed or missing, Q11 is rated "7".

Rating:
- 1 = all staff reviewed had a criminal background check prior to the date of service.
- 0 = one or more staff reviewed did not have a criminal background check prior to the date of service.

Dates: FROM is the first date any staff reviewed did not have a criminal record check (hire date but no further back than 7/1/11); TO is the date all staff reviewed had a criminal record check or the audit date.

Q12 – Health Care Personnel Registry (HCPR) Check:

- There may be **no substantiated finding of abuse or neglect** listed on the NC Health Care Personnel Registry for unlicensed providers. **The Health Care Personnel Registry Check is not required for licensed providers.**
- If the Service Note/Log is not signed or missing, Q12 is rated "7".

Rating:
- 1 = all staff reviewed had a Health Care Personnel Registry (HCPR) Check prior to the date of service.
- 0 = one or more staff reviewed did not have a Health Care Personnel Registry (HCPR) Check prior to the date of service.

Dates: FROM is the first date any staff reviewed did not have a HCPR check (hire date but no further back than 7/1/11); TO is the date all staff reviewed had a HCPR check or the audit date.

Comment Section:

- **Comment on/clarify any questions receiving ratings of 0.** There needs to be a good/factual explanation for any item rated out of compliance. For example, if Q5 is rated "0", write "#5" in the Comment Section and explain why it was rated out of compliance. **Do not repeat the question, add specific information regarding why the item was rated 0.**
- Attach/scan copies of documentation for elements found out of compliance. **All items rated 0 must have a copy of something attached/scanned as evidence, UNLESS it is "not met" because it doesn't exist – no PCP at all, or no service note at all.** Make sure your comments explain the situation if nothing is attached.
- Note and make recommendations regarding other service plan or service note/log deficiencies that are out of compliance.
- If an alternative/back-up control sheet is used, note this in the comments section of the audit form and attach a copy of the documentation confirming the date and amount of the payback for the event excluded.
- There are **2nd sheets** available for comments if all comments don't fit on the audit tool. Please use these sheets rather than crowding the bottom of the audit tool.

General Information:

- Auditor must complete all sections of the audit sheet and will be responsible for acquiring all needed information.
- Review all tools for completeness before returning any records to the provider.
- Completed audit tools must be reviewed by a tem leader prior to copying tools and releasing the provider and their records.
- **ENSURE THAT NO ORIGINAL AUDIT TOOLS ARE GIVEN TO THE PROVIDER.**

- **Pink (Plan of Corrections) Sheets:**
  - Complete pink (POC) sheets as you go along – if you notice that something is a **systemic issue** as you are auditing, go to the pink sheet and circle the appropriate corrective action.
  - Review pink sheets when audit is complete to ensure that all areas that need corrective action are included.
  - If there is a statement that needs to be made that would not be covered by the corrective action choices, use the General Summary section.
  - If there are significant pieces of documentation not provided at the audit, use the statement at the end of the pink sheet to indicate specifically what was missing.
  - Review the required corrective action with the provider and obtain signature.